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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.
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09/098,481 06/16/98 MIK

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LM02/0120

EXAMINER

SMITH, D

ART UNIT	PAPER NUMBER
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2763

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DATE MAILED:

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Please find below and/or attached an Office communication concerning this application or proceeding.

Commissioner of Patents and Trademarks

Office Action Summary

Application No. 09/098,481	Applicant MLK et al
Examiner Demetra R. Smith	Group Art Unit 2764



Responsive to communication(s) filed on Jun 16, 1998

This action is FINAL.

Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under Ex parte Quayle 1035 C.D. 11; 453 O.G. 213.

A shortened statutory period for response to this action is set to expire 3 month(s), or thirty days, whichever is longer, from the mailing date of this communication. Failure to respond within the period for response will cause the application to become abandoned. (35 U.S.C. § 133). Extensions of time may be obtained under the provisions of 37 CFR 1.136(a).

Disposition of Claim

Claim(s) 1-53 is/are pending in the application.

Of the above, claim(s) _____ is/are withdrawn from consideration.

Claim(s) _____ is/are allowed.

Claim(s) 1-53 is/are rejected.

Claim(s) _____ is/are objected to.

Claims _____ are subject to restriction or election requirement.

Application Papers

See the attached Notice of Draftsperson's Patent Drawing Review, PTO-948.

The drawing(s) filed on _____ is/are objected to by the Examiner.

The proposed drawing correction, filed on _____ is approved disapproved.

The specification is objected to by the Examiner.

The oath or declaration is objected to by the Examiner.

Priority under 35 U.S.C. § 119

Acknowledgement is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d).

All Some* None of the CERTIFIED copies of the priority documents have been

received.

received in Application No. (Series Code/Serial Number) _____.

received in this national stage application from the International Bureau (PCT Rule 17.2(a)).

*Certified copies not received: _____

Acknowledgement is made of a claim for domestic priority under 35 U.S.C. § 119(e).

Attachment(s)

Notice of References Cited, PTO-892

Information Disclosure Statement(s), PTO-1449, Paper No(s). 2

Interview Summary, PTO-413

Notice of Draftsperson's Patent Drawing Review, PTO-948

Notice of Informal Patent Application, PTO-152

-- SEE OFFICE ACTION ON THE FOLLOWING PAGES --

Part III DETAILED ACTION

Information Disclosure Statement

1. The prior art submitted on 06/16/98 has been considered as indicated on the enclosed copies of form PTO-1449

Claim Rejections - 35 USC § 102

2. The following is a quotation of the appropriate paragraphs of 35 U.S.C. 102 that form the basis for the rejections under this section made in this Office action:

A person shall be entitled to a patent unless --

(e) the invention was described in a patent granted on an application for patent by another filed in the United States before the invention thereof by the applicant for patent, or on an international application by another who has fulfilled the requirements of paragraphs (1), (2), and (4) of section 371© of this title before the invention thereof by the applicant for patent.

3. Claims 1, 35, 36, 37, 52, and 53 rejected under 35 U.S.C. 102(e) as being anticipated by Watson (5,991,750).

As to claims 1, 35, 36, 37, 52, and 53, Watson discloses a pre-authorization transaction phase that commences with a request by an account user for a specified good or service that requires pre-authorization prior to initiating the transaction. Account user consults with account manager to obtain restricted goods or services. Account manager may consult a price quotation including a quote amount for the requested goods or services. Account manager may

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independently generate or approximate a quote amount for a requested goods or service for use in the pre-authorization process. (see col. 8, lines 16-29);

the transaction identifier provides an alphanumeric field wherein an identifier may be associated with a pre-authorized transaction and upon the initiation and authorization of the requested transaction, the transaction identifier is reported in the billing account information. Such a transaction identifier is reported in the billing account information. Such a transaction identifier enables an account manager to associate a pre-authorization of a transaction with a transaction reported in a billing account thereby allowing reconciliation of accounting entries. (See col. 8, lines 54-64).

Claim Rejections - 35 USC § 103

4. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

5. Claims 2-34, 38-51 are rejected under 35 U.S.C. 103(a) as being unpatentable over Watson in view of Barber et al (4,858,121).

As to claims 2, Watson fails to disclose "a plurality of financial accounts includes the first financial account." However, Barber et al teaches an insurance carrier that returns financial information preferable by an electronic funds transfer. When funds are received from the insurance company, whether by check or electronic funds transfer, the central processing system communicates directly or by printed authorization with the computers of banks and other financial institutions to transfer the appropriate funds to the account of each physician. For patients whose insurance contract only provides less than full compensation for the services provided, the central processing system determines the balance due from the patient and notifies the remote terminal. The balance may be paid by credit card through the central processing system, cash, or by a billing generated by the central processing system. The funds are again transferred through or at least recorded by the central processing system such that statements can be provided on a monthly or other regular basis to the physician and, where appropriate, to the patient. (See col. 3, lines 60-68; col. 4, lines 1-10). Thus, in view of Barber et al, it would have been obvious to one having ordinary skill in the art to modify the transaction system of Watson to include two separate accounts of Barber et al in which funds are transferred to the physician (or merchant) and in which the central processing system determines if there is a balance left over and forwards to the patient (or card user) account for payment in full in order to provide a system that expedites the processing of claims or bills and reduce the cost of auditing or processing claims.

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As to claims 3, 9, 34, 38, 39, 40, 41, 50, and 51, Watson discloses a pre-authorization transaction phase that commences with a request by an account user for a specified good or service that requires pre-authorization prior to initiating the transaction. Account user consults with account manager to obtain restricted goods or services. Account manager may consult a price quotation including a quote amount for the requested goods or services. Account manager may independently generate or approximate a quote amount for a requested goods or service for use in the pre-authorization process. (see col. 8, lines 16-29);

the transaction identifier provides an alphanumeric field wherein an identifier may be associated with a pre-authorized transaction and upon the initiation and authorization of the requested transaction, the transaction identifier is reported in the billing account information. Such a transaction identifier is reported in the billing account information. Such a transaction identifier enables an account manager to associate a pre-authorization of a transaction with a transaction reported in a billing account thereby allowing reconciliation of accounting entries. (See col. 8, lines 54-64);

limitations on transactions relating to that account are negotiated between account manager and card issuer. Transaction limitations generally include items such as transaction limits, account balance limit, limitations on categories of goods or services as denoted by standard industrial codes (SIC) and other parameters that may be incorporated into a specific account scheme (see col. 7, lines 46-52). Authorizing agent performs the authorization process which includes consulting the pre-authorization request corresponds to a pre-authorization table when

the merchant SIC presented in authorization request corresponds to a pre-authorization SIC presented in establish authorization step. At the conclusion of the authorization process, authorizing agent issues an authorization response listing the acceptance or denial status resulting from the authorization process to merchant (see col. 9, lines 39-49).

Watson fails to disclose the remaining limitations. However, Barber et al teaches an insurance carrier that returns financial information preferable by an electronic funds transfer. When funds are received from the insurance company, whether by check or electronic funds transfer, the central processing system communicates directly or by printed authorization with the computers of banks and other financial institutions to transfer the appropriate funds to the account of each physician. For patients whose insurance contract only provides less than full compensation for the services provided, the central processing system determines the balance due from the patient and notifies the remote terminal. The balance may be paid by credit card through the central processing system, cash, or by a billing generated by the central processing system. The funds are again transferred through or at least recorded by the central processing system such that statements can be provided on a monthly or other regular basis to the physician and, where appropriate, to the patient. (See col. 3, lines 60-68; col. 4, lines 1-10). Thus, in view of Barber et al, it would have been obvious to one having ordinary skill in the art to modify the transaction system of Watson to include two separate accounts of Barber et al in which funds are transferred to the physician (or merchant) and in which the central processing system determines if there is a balance left over and forwards to the patient (or card user) account for payment in full in order to

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provide a system that expedites the processing of claims or bills and reduce the cost of auditing or processing claims.

As to claims 4 and 10, Watson discloses during an account establishment phase of an account process, an account manager approaches a card insurer to establish an account, and limitations on transaction relating to that account are negotiated between account manager and card insurer. Transaction limitations generally include items such as transaction limits, account balance limit, limitations on categories of goods or services as denoted by standard industrial codes (SIC) and other parameters that may be incorporated into a specific account scheme. (See col. 7, lines 42-52);

authorizing agent performs the authorization process which includes consulting the pre-authorization request corresponds to a pre-authorization table when the merchant SIC presented in authorization request corresponds to a pre-authorization SIC presented in establish authorization step. At the conclusion of the authorization process, authorizing agent issues an authorization response listing the acceptance or denial status resulting from the authorization process to merchant (see col. 9, lines 39-49).

Watson fails to disclose the remaining limitations of claims 4 and 10. However, Barber et al teaches insurance carrier that returns financial information preferable by an electronic funds transfer. When funds are received from the insurance company, whether by check or electronic funds transfer, the central processing system communicates directly or by printed authorization

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with the computers of banks and other financial institutions to transfer the appropriate funds to the account of each physician. For patients whose insurance contract only provides less than full compensation for the services provided, the central processing system determines the balance due from the patient and notifies the remote terminal. The balance may be paid by credit card through the central processing system, cash, or by a billing generated by the central processing system. The funds are again transferred through or at least recorded by the central processing system such that statements can be provided on a monthly or other regular basis to the physician and, where appropriate, to the patient (See col. 3, lines 60-68; col. 4, lines 1-10). Thus, in view of Barber et al, it would have been obvious to one having ordinary skill in the art to modify the transaction system of Watson to include two separate accounts of Barber et al in which funds are transferred to the physician (or merchant) and in which the central processing system determines if there is a balance left over and forwards to the patient (or card user) account for payment in full in order to provide a system that expedites the processing of claims or bills and reduce the cost of auditing or processing claims.

As to claims 5, 11, 17, 18, and 21, Watson discloses SICs correspond to SIC category codes X, Y, Z, respectively, and designate transaction categories requiring consultation with a pre-authorization table to determine the authorization of a requested transaction. The pre-authorization table is comprised of a series of fields designating transaction parameters that must be in compliance prior to issuing an authorization of the requested transaction. Such transaction

parameters include a quote amount, a variance, a merchant ID and an acquiring bank identification number. Merchant identifier optionally may provide a parameter requiring the transaction to originate from a designated merchant or point of sale location (see col. 10, lines 35-54).

As to claims 6, 7, 13, and 14, Watson discloses at the authorization phase of a transaction, funds do not transfer between the parties. Rather, a settle account phase generally occurs at a periodic point in time such as at the end of a business day or week. At such time, merchant compiles a complete listing of authorized transactions occurring within the specified period which includes the present transaction of the previous discussion, and initiates a settlement request with authorizing agent by divulging the account number, the transaction amount and other pertinent and related information such as the merchant's SIC, MID and BIN (See col. 9, lines 50-60).

Watson fails to disclose "applying to the first financial account the second charge amount." Barber et al however teaches patients whose insurance contract only provides less than full compensation for the services provided, the central processing system determines the balance due from the patient and notifies the remote terminal. The balance may be paid by credit card through the central processing system, cash, or by billing generated by the central processing system. Thus in view of Barber et al, it would have been obvious to one skilled in the art to charge to patients account during the specified period of the settlement request if the amount is less than full compensation from the financial institution of Barber et al in order to provide a

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system that generates two accounts of payment and assures that the payment will be expeditiously processed in full without the additional cost of auditing or processing claims.

As to claims 8, 12, and 22, Watson discloses upon establishment of an account, certain categories of transactions are specified as needing specific authorization prior to approving the transaction as requested by a merchant. An account issuer provides a service to account members that permits an account manager to independently specify the parametric conditions under which to approve a transaction within such categories. (See abstract, lines 4-11).

As to claims 15, 16, 20, 42, 43, 44, and 45, Watson discloses a pre-authorization transaction phase that commences with a request by an account user for a specified good or service that requires pre-authorization prior to initiating the transaction. Account user consults with account manager to obtain restricted goods or services. Account manager may consult a price quotation including a quote amount for the requested goods or services. Account manager may independently generate or approximate a quote amount for a requested goods or service for use in the pre-authorization process. (see col. 8, lines 16-29);

the transaction identifier provides an alphanumeric field wherein an identifier may be associated with a pre-authorized transaction and upon the initiation and authorization of the requested transaction, the transaction identifier is reported in the billing account information. Such a transaction identifier is reported in the billing account information. Such a transaction identifier

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enables an account manager to associate a pre-authorization of a transaction with a transaction reported in a billing account thereby allowing reconciliation of accounting entries. (See col. 8, lines 54-64);

limitations on transactions relating to that account are negotiated between account manager and card issuer. Transaction limitations generally include items such as transaction limits, account balance limit, limitations on categories of goods or services as denoted by standard industrial codes (SIC) and other parameters that may be incorporated into a specific account scheme (see col. 7, lines 46-52). Authorizing agent performs the authorization process which includes consulting the pre-authorization request corresponds to a pre-authorization table when the merchant SIC presented in authorization request corresponds to a pre-authorization SIC presented in establish authorization step. At the conclusion of the authorization process, authorizing agent issues an authorization response listing the acceptance or denial status resulting from the authorization process to merchant (see col. 9, lines 39-49).

Watson fails to disclose the remaining limitations. However, Barber et al teaches an insurance carrier that returns financial information preferable by an electronic funds transfer. When funds are received from the insurance company, whether by check or electronic funds transfer, the central processing system communicates directly or by printed authorization with the computers of banks and other financial institutions to transfer the appropriate funds to the account of each physician. For patients whose insurance contract only provides less than full compensation for the services provided, the central processing system determines the balance due

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from the patient and notifies the remote terminal. The balance may be paid by credit card through the central processing system, cash, or by a billing generated by the central processing system. The funds are again transferred through or at least recorded by the central processing system such that statements can be provided on a monthly or other regular basis to the physician and, where appropriate, to the patient. (See col. 3, lines 60-68; col. 4, lines 1-10). Thus, in view of Barber et al, it would have been obvious to one having ordinary skill in the art to modify the transaction system of Watson to apportion two separate accounts to of Barber et al in which funds are transferred to the physician (or merchant) and in which the central processing system determines if there is a balance left over and forwards to the patient (or card user) account for payment in full in order to provide a system that expedites the processing of claims or bills and reduce the cost of auditing or processing claims.

As to claim 19, Watson fails to disclose the remaining limitations. However, Barber et al teaches the central processing system communicates directly or by printed authorization with the computers of banks and other financial institutions to transfer the appropriate funds to the account of each physician. For patients whose insurance contract only provides less than full compensation for the services provided, the central processing system determines the balance due from the patient and notifies the remote terminal. The balance may be paid by credit card through the central processing system, cash, or by a billing generated by central processing system. (See col. 3, lines 63-68 and col. 4, lines 1-6). Thus in view of Barber et al, it would have been obvious

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to one in the skill of the art at the time of the invention to modify the approval status of Watson to include the approval to apportion two separate accounts of Barber et al in which funds are transferred to the physician (or merchant) and in which the central processing system determines if there is a balance left over and forwards to the patient (or card user) account for payment in full.

As to claims 23, 24, 46, and 47, Watson disclose a pre-authorization transaction phase that commences with a request by an account user for a specified good or service that requires pre-authorization prior to initiating the transaction. Account user consults with account manager to obtain restricted goods or services. Account manager may consult a price quotation including a quote amount for the requested goods or services. Account manager may independently generate or approximate a quote amount for a requested goods or service for use in the pre-authorization process. (see col. 8, lines 16-29);

the transaction identifier provides an alphanumeric field wherein an identifier may be associated with a pre-authorized transaction and upon the initiation and authorization of the requested transaction, the transaction identifier is reported in the billing account information. Such a transaction identifier is reported in the billing account information. Such a transaction identifier enables an account manager to associate a pre-authorization of a transaction with a transaction reported in a billing account thereby allowing reconciliation of accounting entries. (See col. 8, lines 54-64);

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limitations on transactions relating to that account are negotiated between account manager and card issuer. Transaction limitations generally include items such as transaction limits, account balance limit, limitations on categories of goods or services as denoted by standard industrial codes (SIC) and other parameters that may be incorporated into a specific account scheme (see col. 7, lines 46-52). Authorizing agent performs the authorization process which includes consulting the pre-authorization request corresponds to a pre-authorization table when the merchant SIC presented in authorization request corresponds to a pre-authorization SIC presented in establish authorization step. At the conclusion of the authorization process, authorizing agent issues an authorization response listing the acceptance or denial status resulting from the authorization process to merchant (see col. 9, lines 39-49).

Watson fails to disclose the remaining limitations. However, Barber et al teaches an insurance carrier that returns financial information preferable by an electronic funds transfer. When funds are received from the insurance company, whether by check or electronic funds transfer, the central processing system communicates directly or by printed authorization with the computers of banks and other financial institutions to transfer the appropriate funds to the account of each physician. For patients whose insurance contract only provides less than full compensation for the services provided, the central processing system determines the balance due from the patient and notifies the remote terminal. The balance may be paid by credit card through the central processing system, cash, or by a billing generated by the central processing system. The funds are again transferred through or at least recorded by the central processing system such

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that statements can be provided on a monthly or other regular basis to the physician and, where appropriate, to the patient. (See col. 3, lines 60-68; col. 4, lines 1-10);

the central processing system may be interconnected directly with insurance companies, banks, and financial institutions, electronic mail facilities, and the like to communicate information electronically therebetween. (See col. 3, lines 33-40).

Thus, in view of Barber et al, it would have been obvious to one having ordinary skill in the art to modify the transaction system of Watson to include two separate accounts of Barber et al in which funds are transferred to the physician (or merchant) and in which the central processing system communicates through various address to determines if there is a balance left over and forwards to the patient (or card user) account for payment in full in order to provide a system that expedites the processing of claims or bills and reduce the cost of auditing or processing claims.

As to claim 25, Watson fails to disclose the remaining limitations. However Barber et al teaches a display or area means presents entered data, messages concerning entered data, and responses from the central processing system. A voice communication means or telephone receiver enables an operator to communicate by voice with operators at the central processing station and otherwise functions as a conventional telephone receiver. (See col. 4, lines 26-34). Thus in view of Barber et al, it would have been obvious to one skilled in the art at the time of the

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invention to implement the communication of the central processing station to include a telephone receiver in order to provide an efficient system that communicates by voice.

As to claim 26, Watson fails to disclose the remaining limitations. Barber et al however teaches electronic funds transfer facilities at the central processing station and at one or more banks or financial institutions are called upon to transfer funds directly to a physicians account. Official notice is given that the response includes digital money. Thus in view of Barber et al, it would have been obvious to one skilled in the art at the time of the invention to implement the funds as digital money in order to provide a system that electronically encodes money that can be converted to cash during the transfer to a physicians account.

As to claims 27, 28, 29, 31, 32 and 33, Watson fails to disclose the remaining limitations. Barber et al however teaches the central processing system communicates directly or by printed authorization with the computers of banks and other financial institutions to transfer the appropriate funds to the account of each physician. For patients whose insurance contract only provides less than full compensation for the services provided, the central processing system determines the balance due from the patient and notifies the remote terminal. The balance may be paid by credit card through the central processing system, cash, or by a billing generated by central processing system. (See col. 3, lines 63-68 and col. 4, lines 1-6). Thus in view of Barber et al, it would have been obvious to one in the skill of the

art at the time of the invention to modify the approval status of Watson to include the approval to apportion two separate accounts of Barber et al in which funds are transferred to the physician (or merchant) and in which the central processing system determines if there is a balance left over and forwards to the patient (or alias card user) account for payment in full.

As to claims 30, 48, and 49, Watson disclose a pre-authorization transaction phase that commences with a request by an account user for a specified good or service that requires pre-authorization prior to initiating the transaction. Account user consults with account manager to obtain restricted goods or services. Account manager may consult a price quotation including a quote amount for the requested goods or services. Account manager may independently generate or approximate a quote amount for a requested goods or service for use in the pre-authorization process. (see col. 8, lines 16-29);

the transaction identifier provides an alphanumeric field wherein an identifier may be associated with a pre-authorized transaction and upon the initiation and authorization of the requested transaction, the transaction identifier is reported in the billing account information. Such a transaction identifier is reported in the billing account information. Such a transaction identifier enables an account manager to associate a pre-authorization of a transaction with a transaction reported in a billing account thereby allowing reconciliation of accounting entries. (See col. 8, lines 54-64);

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limitations on transactions relating to that account are negotiated between account manager and card issuer. Transaction limitations generally include items such as transaction limits, account balance limit, limitations on categories of goods or services as denoted by standard industrial codes (SIC) and other parameters that may be incorporated into a specific account scheme (see col. 7, lines 46-52). Authorizing agent performs the authorization process which includes consulting the pre-authorization request corresponds to a pre-authorization table when the merchant SIC presented in authorization request corresponds to a pre-authorization SIC presented in establish authorization step. At the conclusion of the authorization process, authorizing agent issues an authorization response listing the acceptance or denial status resulting from the authorization process to merchant (see col. 9, lines 39-49).

Watson fails to disclose the remaining limitations. However, Barber et al teaches an insurance carrier that returns financial information preferable by an electronic funds transfer. When funds are received from the insurance company, whether by check or electronic funds transfer, the central processing system communicates directly or by printed authorization with the computers of banks and other financial institutions to transfer the appropriate funds to the account of each physician. For patients whose insurance contract only provides less than full compensation for the services provided, the central processing system determines the balance due from the patient and notifies the remote terminal. The balance may be paid by credit card through the central processing system, cash, or by a billing generated by the central processing

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system. The funds are again transferred through or at least recorded by the central processing system such that statements can be provided on a monthly or other regular basis to the physician and, where appropriate, to the patient. (See col. 3, lines 60-68; col. 4, lines 1-10);

the central processing system may be interconnected directly with insurance companies, banks, and financial institutions, electronic mail facilities, and the like to communicate information electronically therebetween. (See col. 3, lines 33-40);

teaches electronic funds transfer facilities at the central processing station and at one or more banks or financial institutions are called upon to transfer funds directly to a physicians account (see abstract, lines 26-30). Official notice is given that the response includes digital money. Thus in view of Barber et al, it would have been obvious to one skilled in the art at the time of the invention to implement the funds as digital money in order to provide a system that electronically encodes money that can be converted to cash during the transfer to a physicians account.

Thus, in view of Barber et al, it would have been obvious to one having ordinary skill in the art to modify the transaction system of Watson to include two separate accounts of Barber et al in which funds are transferred to the physician (or merchant) and in which the central processing system communicates through various address to determines if there is a balance left over and forwards to the patient (or card user) account for payment in full in order to provide a system that expedites the processing of claims or bills and reduce the cost of auditing or processing claims.

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Conclusion

6. The prior art made of record and not relied upon is considered pertinent to applicant's disclosure.

Kolling et al (5,920,847) discloses a bill pay system wherein participating consumers pay bills to participating billers through a payment network operating according to reset rules.

Klesse (5,583,760) discloses a data processing system that establishes and administers charge accounts, including both funded and post-funded accounts.

PR Newswire ("Banc One and Carenetwork Introduce New Healthcare Payment System") discloses plastic cards that will be used in terminals in their doctors' office, similar to a point-of-sale credit card device today. Through the terminals, doctors will be provided with information about an enrollee's insurance eligibility, deductible status and co-payment amount. Following an enrollee's visit, the doctor will enter in the claim information and automatically send the claim to the insurance company for payment. Through the healthcare payment system, all participating providers will receive their payments electronically and enrollees will receive statements informing them of the completed healthcare transactions.

Business and Travel News ("Airline Tickets Not Ready to Bow Out Just Yet") discloses the traveler would pass the smart card through some kind of reading device that

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would automatically collect management and billing information and transmit it either to the corporate account or an intermediary, such as a travel agency or payment system vendor.

Lore Postman ("Medical Accounts to Fuel Growth of Computer Firm") discloses an encoded "smartcard" that, when swiped through a special credit-card-type reader, automatically debits the patient's medical savings account, credits the physician, and tallies the deductible total for the insurance company.

7. Any inquiry concerning this communication or earlier communications from the examiner should be directed to **Demetra R. Smith**, whose telephone number is (703) 308-6989. The examiner can normally be reached on Tuesday-Friday from 8:00 a.m. to 5:00 p.m. EST.

If attempts to reach the examiner by phone fail, the examiner's supervisor, **Kevin J. Teska**, can be reached at (703) 305-9704. Additionally, the fax phone for Art Unit 2764 is (703) 308-9051 or 308-9052, (for formal communications intended for entry), or (703) 308-5397 (for informal or draft communications, please label "PROPOSED" OR "DRAFT").

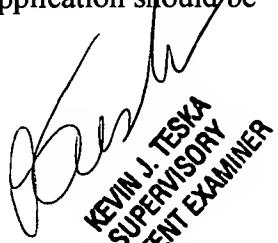
Hand-delivered responses should be brought to Crystal Park II, 2121 Crystal Drive, Arlington, VA, Sixth Floor (Receptionist).

Communications via Internet e-mail regarding this application, other than those under 35 U.S.C. 132 or which otherwise require a signature, may be used by the applicant and should be addressed to [Demetra.Smith@uspto.gov].

All Internet e-mail communications will be made of record in the application file. PTO employees do not engage in Internet communications where there exists a possibility that sensitive information could be identified or exchanged unless the record includes a properly signed express waiver of the confidentiality requirement of 35 U.S.C. 122. This is more clearly set forth in the Interim Internet Usage Policy published in the Official Gazette of the Patent and Trademark on February 25, 1997 at 1195 OG 89.

Any inquiry of a general nature or relating to the status of this application should be directed to the Group receptionist at (703) 305-3900.


Demetra R. Smith
Patent Examiner
Group Art Unit 2764
January 15, 2000


KEVIN J. TESKA
SUPERVISORY
PATENT EXAMINER